

FORM PTO-1449
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

Sheet 1 of 2

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKE
TX4-32366A
APPLICATION NO.
Not Yet Known
APPLICANT
BAENTELI ET AL.
FILING DATE
Herewith

Group

10507060 - GAU: 1624

10/507060

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
/DR/	AA	6,235,746	5/22/01	Davis et al.			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
/DR/	AM	1 054 004	11/22/00	EP			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AN	1 184 376	3/6/02	EP			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AO	97/19065	5/29/97	WO			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AP	00/12485	3/9/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AQ	00/39101	7/6/00	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

/Deepak Rao/

DATE CONSIDERED

03/30/2008

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

FORM PTO-1449
(REV. 7-95)

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE CITATION

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ATTY. DOCKET NO.
TX4-32366A
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Sheet 2 of 2

10/507060

Group

10507060 - GAU: 1624

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
/DR/	CA	01/60816	8/23/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	CB	01/64655	9/7/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	CC	03/018021	3/6/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
	CK						<input type="checkbox"/>	<input type="checkbox"/>
	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

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